

CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 10/18/2019

VISIT TYPE: New

VISIT DATE(S): 10/16/2019

CORRECTIVE ACTION PLAN DUE DATE: N/A

Adrienne Hutchinson, Center Director
The Canterbury Whole Child Center
6 Hackleboro Road
Canterbury NH 03224

LICENSE NUMBER: CCCB-06920
LICENSING COORDINATOR(S):
Erin Fitzgerald

As a result of a visit conducted in accordance with RSA 170-E, the department finds that on the day of the visit there were no violations of critical rules.

In accordance with He-C 4002.06(f) the following critical rule violations were corrected during the visit:

He-C 4002.14(b)(11): PROGRAMS SHALL MAINTAIN THE CHILD CARE ENVIRONMENT FREE OF CONDITIONS HAZARDOUS TO CHILDREN, INCLUDING, BUT NOT LIMITED TO, HEAVY FURNISHINGS OR OTHER HEAVY ITEMS THAT HAVE NOT BEEN SECURED TO THE WALL OR FLOOR OR BOTH, AND COULD BE EASILY TIPPED OVER OR ARE UNSTABLE AND WHICH IF NOT SECURED TO THE WALL, OR FLOOR, OR BOTH, COULD EASILY FALL ON CHILDREN AND WOULD BE LIKELY TO CAUSE INJURY.

Five heavy, wooden shelves located in Room 2, and one wooden shelf located in Room 3, were not secured to the wall or floor and could tip and fall on a child if pulled on. The center director later secured each shelf.

The following rooms have been measured by the licensing coordinator, and approved as child care space, with a maximum capacity per room as follows:

- Classroom #1 = 4 children
- Classroom #2 = 18 children
- Classroom #3 = 3 children

The total maximum capacity of the program is 25 children.

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: _____ **DATE:** / /

DIRECTOR/PROVIDER SIGNATURE: _____ **DATE:** / /

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☐ ***APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)**

☐ ***DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)**

LICENSING COORDINATOR: _____ **DATE:** / /

FOLLOW-UP:

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